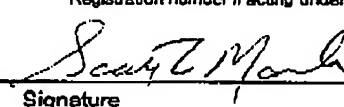


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005</b>		Docket Number (Optional) <b>75020 - 307094</b>	<b>RECEIVED CENTRAL FAX CENTER JAN 25 2006</b>																								
<i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>																											
In re Application of <b>STEPHEN D. KUSLICH et al.</b>																											
Application Number <b>10/627,589</b>		Filed <b>July 25, 2003</b>																									
For <b>LAPAROSCOPIC SPINAL STABILIZATION SURGICAL METHOD</b>																											
Art Unit <b>3738</b>		Examiner <b>WILLSE, David H.</b>																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 20%; text-align: center;"><u>Fee</u></th> <th style="width: 20%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$450</td> <td style="text-align: center;">\$225</td> <td style="text-align: center;">\$450</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1020</td> <td style="text-align: center;">\$510</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1590</td> <td style="text-align: center;">\$795</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2160</td> <td style="text-align: center;">\$1080</td> <td></td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>06-0029</u>. I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="margin-left: 100px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 100px;"><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>44,902</u></p> <p style="margin-left: 100px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34.</p> <p style="margin-left: 100px;">Registration number if acting under 37 CFR 1.34. _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;"> _____ Signature</p> <p style="text-align: center;"><b>Scott A. Marks</b> _____ Typed or printed name</p> </div> <div style="width: 45%;"> <p style="text-align: center;">January 25, 2006 _____ Date</p> <p style="text-align: center;"><b>612-766-7820</b> _____ Telephone Number</p> </div> </div> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>					<u>Fee</u>	<u>Small Entity Fee</u>		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60		<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$450	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510		<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795		<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	
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